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history of curative methods, and may ultimately make it possible to modify or contro the tuberculous dyscrasia, and to this extent they are certainly valuable; but thus fa the method can only be considered tentative. The efforts are still in the experimenta

The great mortality from the disease accounts for the willingness with which thousands of consumptive invalids submit themselves to this, or indeed any, process of treatment which offers the remotest possibility of immunity or amelioration. Recent statistics show that in the city of Paris and the Department of the Seine consumption has caused thirty-eight times more deaths than smallpox and scarlet fever combined; sixteen times more than typhoid fever and eight times more than diphtheria. It has also been demonstrated by statistics that in the districts above mentioned pulmonary consumption is five times more fatal than the other named maladies united. And what is true of Paris and the Department of the Seine is also true of other European countries. From 1889 to 1894, inclusive, a period of five years, the average annual mortality in Vienna from tuberculosis was 540 per 100,000 inhabitants; in Budapest, 546 per 100,000 inhabitants; and in the whole of France during the same period there were 409 deaths from consumption per 100,000 of population, a greater mortality than that caused by the most malignant epidemics of cholera.

Under such unpromising circumstances it is not surprising that sufferers from the disease should seek blindly any medium that holds out the slightest prospect of relief. As a matter of fact, Dr. Marigliano's paper is open to several objections, and his "infallible cure" can not yet be regarded as an accomplished fact.

The first objection is that he gives no precise information concerning the process of obtaining the serum, and it can only be had through him personally; in the second place his statistics are incomplete and unsatisfactory, and withal lack confirmation. It would be well, therefore, for our countrymen, who may be disposed to give the remedy a trial, to remember Dr. Koch's lamentable failure in the same direction a few years ago, and wait until the remedy has been duly tested by other physicians than the inventor.

CHARLES W. CHANCELLOR, United States Consul.

HAVRE, August 24, 1895.

MEXICO.

Death rate of Vera Cruz and deaths from yellow fever during 1895.

CONSULATE OF THE UNITED STATES, Vera Cruz, January 10, 1896.

SIR: On December 31, 1894, I reported the number of deaths and causes of same for the year 1895. I would say that there has been quite a decrease in the death rate, especially so in yellow fever. The census of the city has been taken, and from this a more correct report of the rate per thousand can be furnished. I based my report for 1894 on an estimated population of 30,000, giving a death rate of 53½ per thou-This, if the census is correct, was too low. Basing the rate on . population as per census of 27,000 (27,065), we would have a rate of 59½ per thousand. In 1895 the total number of deaths from all causes was Only 159 were from yellow fever, being a decrease in total number of deaths of 193, and from yellow fever of 50. The rate per thousand has decreased considerably—from $59\frac{1}{2}$ in 1894 to $52\frac{1}{3}$ in 1895 per thousand of population.

Respectfully, your obedient servant,

CHARLES SCHAEFER, United States Consul.

VENEZUELA.

Report on the results of serum therapy in cases of leprosy.

MARACAIBO, December 26, 1895.

SIR: I have the honor to inclose copy and translation of a letter from Dr. Carrasquilla, a noted physician of Bogota, respecting the result of